

UNITED STATES DISTRICT COURT  
DISTRICT OF OREGON

DEBRA JOANN COATES GRIFFIN

Plaintiff(s),

v.

SENIOR HEALTHCARE ADVISORS LLC

Defendant(s).

Case No.: 25-cv-1220

MOTION FOR LEAVE TO APPEAR  
*PRO HAC VICE*

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Attorney ANTHONY PARONICH requests special admission *pro hac vice* to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties):

DEBRA JOANN COATES GRIFFIN

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In support of this application, I certify that: 1) I am an active member in good standing with the Massachusetts State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism.

I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.

**(1) PERSONAL DATA:**

Name: Paronich Anthony I.  
(Last Name) (First Name) (MI) (Suffix)

Agency/firm affiliation: Paronich Law, P.C.

Mailing address: 350 Lincoln Street, Suite 2400

City: Hingham State: MA Zip: 02043

Phone number: (617) 485-0018 Fax number: (508) 318-8100

Business e-mail address: anthony@paronichlaw.com

**(2) BAR ADMISSION INFORMATION:**

(a) State bar admission(s), date(s) of admission, and bar number(s):  
Massachusetts, November 23, 2010, 678437

(b) Other federal court admission(s) and date(s) of admission:  
SEE ATTACHED

**(3) CERTIFICATION OF DISCIPLINARY ACTIONS:**

☒ I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.

☐ I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)

**(4) CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:**

Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.

**(5) CM/ECF REGISTRATION:**

I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.

**Certification of Attorney Seeking *Pro Hac Vice* Admission:** I have read and understand the requirements of LR 83-3, and I certify that the above information is true and correct.

DATED: 07/15/2025



(Signature)

United States District Court for the District of Massachusetts, 2011  
United States District Court for the Eastern District of Michigan, 2013  
United States District Court for the Western District of Wisconsin, 2013  
United States District Court for the Northern District of Illinois, 2015  
United States District Court for the Southern District of Indiana, 2017  
United States Court of Appeals for the Seventh Circuit, 2021  
United States Court of Appeals for the First Circuit, 2021

**REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:**

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement to associate with local counsel under LR 45-1, check the following box:

- ☐ I seek admission for the limited purpose of filing a motion related to a subpoena that this Court did not issue. Pursuant to LR 45-1(b), I request a waiver of the LR 83-3(a)(1) requirement to associate with local counsel and therefore do not include a certification from local counsel with this application.

To associate with local counsel, provide the following information about local counsel, and obtain the signature of local counsel.

Name: Perrong Andrew R.  
(Last Name) (First Name) (MI) (Suffix)

OSB number: 243320

Agency/firm affiliation: Perrong Law LLC

Mailing address: 2657 Mount Caramel Avenue

City: Glenside State: PA Zip: 19038

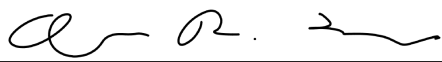
Phone number: (215) 225-5529 Fax number: (888) 329-0305

Business e-mail address: a@perronglaw.com

**CERTIFICATION OF ASSOCIATE LOCAL COUNSEL:**

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in case number 25-cv-1220.

DATED: 07/15/2025.

  
(Signature of Local Counsel)